1.	Submittal Date	01/09/2006

		FSR	SPR	PSP Only	Other:
2.	Type of Document	X			
	Project Number				

			Estimated Project Dates	
			Start	End
3.	Project Title	Web Confidential Morbidity Report		
	Project Acronym	WEB CMR	2004-01	2008-10

4.	Submitting Department	California Department of Health Services
5.	Reporting Agency	California Health and Human Services Agency

6.	Project Objectives
	1.1 Establish an electronic channel for Providers to submit morbidity reports. 1.2 Induce Providers to submit electronic morbidity reports, by returning value-added disease specific information about their submitted reports. 1.3 Validate incoming electronic morbidity reports at time of entry, to reduce missing and incorrect data 1.4 Provide local health officers tools to assist in the investigation, documentation and follow-up on cases 1.5 Provide LHDs tools to perform epidemiologic data analysis.

8.	Major Milestones	Est Complete Date
	Complete Vendor Selection	Aug 2006
	Complete Test/Certify Pilot LHJs	Feb 2007
	Complete Rollout--Market system, training, and support to other LHJs	Oct 2008

2.1 Shift workload out of LHDs to Providers, by allowing Providers to directly enter morbidity reports 2.2 Reduce the lag-time between when a reportable event is observed and when the data is reported to DHS 2.3 Allow two-way communication of disease information between DHS and LHDs, and between LHDs utilizing PHIN-specified data exchange standards. 2.4 Secure communication of disease information between LHDs and State, and between LHDs. 2.5 Comply with NEDSS and PHIN security specifications. 2.6 Enable bi-directional disease case data exchange with other state surveillance systems, utilizing PHIN-specified data exchange standards.	Complete integration of ELR message brokering from disparate systems	Apr 2007
	Complete integration of legacy AVSS data into data warehouse	Jun 2007
3.1 Enhance early centralized statewide disease detection 3.2 Standardize methods to detect anomalies, aberrations and outbreaks 3.3 Establish mechanism to alert public health organizations.	Complete development of regional and statewide surveillance analysis and detection rules	June 2007
	Development of alerting rules and integration with HAN	Sep 2007
4.1 Establish an integrated view of disease information 4.2 Provide common tools for data analysis and identification of disease patterns, trends, and risks.	Graphical integration with CMR warehouse, surveillance analytics, and GIS tables	Nov 2007

7.	**Proposed Solution**

	The proposed solution is for Web-based submission of CMRs to automate existing manual processes and take steps to address and resolve issues with data integrity. The solution consists of a Web-based Modified Off The Shelf (MOTS) application and back-end database that will support CMR reporting and management. The recommendation is to implement in a phased approach to add additional functionality.
	
	Phases of the solution are:
	    1) **Local disease reporting and case management**
	    2) **Statewide integrated data repository**
	    3) **Outbreak detection and alerting**
	    4) **Geographic and Graphical Representations**

Project #	
Doc. Type	

Executive Contacts								
	First Name	**Last Name**	**Area Code**	**Phone #**	**Ext.**	**Area Code**	**Fax #**	**E-mail**
Agency Secretary	Kimberly	Belshé	916	654-3724		916		kbelshe@chhs.ca.gov
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CIO	Christy	Quinlan	916	440-7340		916		cquinlan@dhs.ca.gov
Proj. Sponsor	Kevin	Reilly	916	440-7575		916		kreilly@dhs.ca.gov

Direct Contacts								
	First Name	**Last Name**	**Area Code**	**Phone #**	**Ext.**	**Area Code**	**Fax #**	**E-mail**
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Primary contact	Mark	Star	916	552-8626		916	552-8973	mstarr@dhs.ca.gov
Project Manager	Steve	Mershon	916	552-9736		916	552-8973	smershon@dhs.ca.gov

1.	What is the date of your current Operational Recovery Plan (ORP)?	Date		Project #	
2.	What is the date of your current Agency Information Management Strategy (AIMS)?	Date	11/14/2003	Doc. Type	
3.	For the proposed project, provide the page reference in your current AIMS and/or strategic business plan.	Doc.			
		Page #			

		Yes	No
4.	Is the project reportable to control agencies?	x	
	If YES, CHECK all that apply:		
X	a) The project involves a budget action.		
	b) A new system development or acquisition that is specifically required by legislative mandate or is subject to special legislative review as specified in budget control language or other legislation.		
X	c) The estimated total development and acquisition cost exceeds the departmental cost threshold and the project does not meet the criteria of a desktop and mobile computing commodity expenditure (see SAM 4989 – 4989.3).		
	d) The project meets a condition previously imposed by Finance.		

Project #	
Doc. Type	

Budget Augmentation Required?

No	X
Yes	

If YES, indicate fiscal year(s) and associated amount:

FY		FY		FY		FY		FY	
$		$		$		$		$	

PROJECT COSTS

	Fiscal Year	2004/2005	2005/2006	2006/2007	2007/2008	2008/2009	TOTAL
1.	Fiscal Year	2004/2005	2005/2006	2006/2007	2007/2008	2008/2009	TOTAL
2.	One-Time Cost						
3.	Continuing Costs						
4.	TOTAL PROJECT BUDGET						

SOURCES OF FUNDING

5.	General Fund						$
6.	Redirection						$
7.	Reimbursements						$
8.	Federal Funds						$
9.	Special Funds						$
10.	Grant Funds						
11.	Other Funds						$
12.	PROJECT BUDGET						

PROJECT FINANCIAL BENEFITS

13.	Cost Savings/Avoidances	$0	$0	$0	$0	$0	$0
14.	Revenue Increase	$0	$0	$0	$0	$0	$0

Note: The totals in Item 4 and Item 12 must have the same cost estimate.

Project #	
Doc. Type	

Vendor Cost for FSR Development (if applicable)	$
Vendor Name	

VENDOR PROJECT BUDGET

	Fiscal Year	2004/2005	2005/2006	2006/2007	2007/2008	2008/2009	TOTAL
1.	**Fiscal Year**	**2004/2005**	**2005/2006**	**2006/2007**	**2007/2008**	**2008/2009**	**TOTAL**
2.	**Primary Vendor Budget**						
3.	**Independent Oversight Budget**						
4.	**IV&V Budget**						
5.	**Other Budget**						
6.	**TOTAL VENDOR BUDGET**						

---(Applies to SPR only)---

PRIMARY VENDOR HISTORY SPECIFIC TO THIS PROJECT

7.	**Primary Vendor**	
8.	**Contract Start Date**	
9.	**Contract End Date (projected)**	
10.	**Amount**	$

PRIMARY VENDOR CONTACTS

	Vendor	**First Name**	**Last Name**	**Area Code**	**Phone #**	**Ext.**	**Area Code**	**Fax #**	**E-mail**
11.									
12.									
13.									

Project #	
Doc. Type	

RISK ASSESSMENT

	Yes	No
Has a Risk Management Plan been developed for this project?	X	

General Comment(s)